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CONFIRMATION NO. 8647

SERIAL NUMBER 09/683,104	FILING OR 371(c) DATE 11/19/2001 RULE	CLASS 600	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. SUR3
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/249,695 11/17/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 12	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

23446

**TITLE**

ENHANCED GRAPHIC FEATURES FOR COMPUTER ASSISTED SURGERY SYSTEM

FILING FEE RECEIVED 498	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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